WHAT IS CHILDHOOD TRAUMA

A DEFINITION

Childhood trauma is defined as the experience or the witnessing of an event by a child that is emotionally painful or distressing and which has lasting adverse effects on the child's functioning and mental, physical, social or emotional wellbeing.

TYPES OF TRAUMA

ACUTE TRAUMA

Results from exposure to a single overwhelming event. Examples include the death of a loved one, parental separation car accident, natural disaster.

CHRONIC TRAUMA

Results from extended exposure to traumatising situations. Examples include prolonged exposure to violence or bullying, profound neglect, housing instability.

COMPLEX TRAUMA

Results from multiple traumatic events or a single traumatic event that is devastating enough to have long-lasting effects. Examples include family violence with neglect and parental incarceration, forced displacement.

A STUDY ON CHILDHOOD TRAUMA

A 1995 US study showed an association between childhood trauma and potentially profound impacts on later health and social functioning. Called the **Adverse Childhood Experiences (ACEs)** study, researchers divided childhood adversity into ten categories. Each of these categories is given a score of one. These scores are then added up to make what is called the ACEs score. **The higher the ACEs score, the higher the risk of later mental and physical health challenges - including early death.**

ACEs Categories

Abuse	Neglect	Household Dysfunction
Physical	Physical	Mental Illness
		Substance Abuse
Emotional	Emotional	Incarceration
		Divorce
Sexual		Mother treated violently

HOW COMMON IS TRAUMA

1 in 4 Australian adults are estimated to have experienced significant childhood trauma. This trauma occurred in their home, family, neighbourhood, or within institutions.

Source: Kezelman et al., 2015

ACEs in Australia

An estimated **72% of Australian children have been exposed to at least one ACE**, with this rate being higher in some vulnerable Australian populations such as Aboriginal and Torres Strait Islanders, juvenile offenders and children involved in child protection services.

Source: Zubrick et al., 2005

THE EFFECTS OF TRAUMA ON A CHILD'S BRAIN

Brain development in early childhood lays the foundation for all future development. Neural pathways form at great speed and depend on the repetition of experiences. **Experiences teach the brain what to expect and how to respond.** When experiences are traumatic, the pathways getting the most use are those in response to the trauma. If exposure to trauma is frequent, this triggers toxic stress which physically damages the brain. **Prolonged stress rewires several parts of the brain,** altering its activity and influence over emotions and the body.

Trauma's impact on brain development

- **Attachment:** Trouble with relationships, boundaries, empathy, and social isolation
- **Physical Health:** Impaired sensorimotor development, coordination problems, increased medical problems, and somatic symptoms
- **Emotional Regulation:** Difficulty identifying or labeling feelings and communicating needs
- **Dissociation:** Altered states of consciousness, amnesia, impaired memory
- **Cognitive Ability:** Problems with focus, learning, processing new information, language development, planning and orientation to time and space
- **Self-Concept:** Lack of consistent sense of self, body image issues, low self-esteem, shame and guilt
- **Behavioral Control:** Difficulty controlling impulses, oppositional behavior, aggression, disrupted sleep and eating patterns, trauma re-enactment

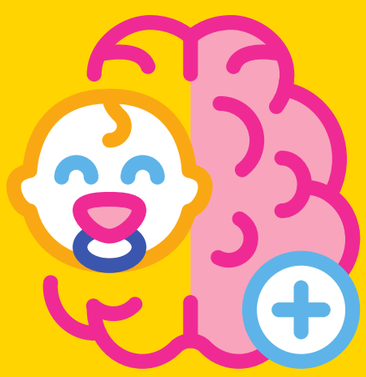
TRAUMA & LEARNING

Children who experience trauma can live in a near-constant state of **fight, flight or freeze** with stress hormones like cortisol and adrenaline flowing, even when no real threat is present. That means a student may be triggered by something non-threatening (such as a loud noise, or not understanding an assignment) and feel the intense emotions and fear associated with a truly frightening event. Therefore, **a student may not be able to control their emotions** or reactions when they're overwhelmed by stress chemicals.

Children impacted by trauma are at times "offline" and unavailable for learning due to symptoms they may experience such as intrusive thoughts, dissociation, flashbacks, or an under/over-active limbic system. In the classroom, this can look like misbehaviour, zoning out or Attention Deficit Hyperactive Disorder (ADHD).

> **The initial trauma of a young child may go underground but it will return to haunt us.**
>
> James Garbarino, PhD

Early Intervention



By age three, the brain is almost 80% of its adult size; by age five it is 90%. Although this creates a sense of urgency regarding intervention, it is also important to know that the brain has the most plasticity in early childhood, meaning that this is where the most opportunity for change lies.

Source: zerotothree.org,

RECOGNISING THE SIGNS OF TRAUMA IN A CHILD

All children experience feelings of sadness or stress, but the difference between reactions to everyday stressors and a child's traumatic stress is that reactions to trauma i**nterfere with daily life, impact the ability to function** and **affect interactions with others**.

SEE THE SIGNS

The impact of trauma manifests differently from child to child and it can vary depending on a child's age and developmental level. However, a general sign that a child has been impacted by trauma is that they start acting in a way that is uncharacteristic for *them*. Sometimes, signs may not manifest at all, or they may develop very gradually. A teacher may find it difficult to see the signs of trauma where there are pre-existing vulnerabilities or prolonged exposure to traumatic experiences. Parents however can trust their intuition if something feels 'off' with their child.

COMMON SIGNS OF TRAUMATIC STRESS BY AGE

Pre-school aged children

- Cry or scream more than usual
- New or increased clingy behaviour
- Recreating the traumatic event in play or in drawings
- Reverting to baby talk
- Struggling with basic skills that they'd previously mastered such as sleeping, eating, toileting
- Increased fear such as startling easily, having more nightmares, unable to be reassured, developing new fears that weren't there previously
- Changes in mood - i.e. appearing listless, withdrawn or aggressive

Primary School aged children

- Worrying excessively about their own safety or the safety of others
- Having difficulty concentrating, i.e. ADHD-like behaviours
- Feeling afraid that the traumatic experience will take place again
- Being excessively upset by minor injuries like bumps or bruises
- Feeling excessive shame or guilt
- Having trouble sleeping or increased nightmares / bed wetting
- Changes in appetite or eating habits
- Defiant or aggressive outbursts
- Constant complaints of headache or stomach pain

High School aged children

- Feeling depressed, isolated or like they're 'going crazy'
- Having trouble sleeping or increased nightmares
- Avoid visiting the place that brings up their trauma
- Developing eating disorders
- Engaging in self-harming behaviours and/or suicidal ideation
- Risk-taking behaviours
- Engaging in sexual activity / promiscuity
- A drop in academic performance
- Using or abusing drugs and/or alcohol

MENTAL ILL-HEALTH AND CHILDHOOD TRAUMA

The above list is only a guide and not exhaustive. Childhood trauma is a complex subject and the symptoms vary greatly and can reoccur across all age groups. Similarly, the above symptoms can also be indicative of general mental health disorders in children who may not have experiences of trauma. This includes anxiety, mood, psychiatric, and adjustment disorders that could be genetic. A recent study found that approximately **30% of incidences of mental disorders were associated with adversities and trauma in childhood.** Source: Devi et al, 2019

THE GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE

A DEFINITION

Trauma-Informed Care (TIC) is an approach in the education and care sectors that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. Ultimately, TIC requires a system to make a paradigm shift from asking, "**What is wrong with this person?"** to **"What has happened to this person?"** and what support do they need to help them reach their potential.

THE 4 R'S OF TRAUMA INFORMED CARE

Realise → **Recognise** → **Respond** → **Resist Re-traumatisation**

Realise
the widespread impact of trauma & understand the potential paths for recovery

Recognise
the signs & symptoms of trauma in children, families, staff & others involved in the system

Respond
by fully integrating knowledge about trauma into policies, procedures and practises

Resist
the re-traumatisation of children as well as the adults who care for them

Training on childhood trauma is an important first step in TIC

Providing adults who work with children with training and professional development on childhood trauma is an important component of implementing TIC.

It is essential that adults become aware of the prevalence and impact of trauma, and learn to apply a "trauma lens" when it comes to viewing children's difficulties in behaviour, learning and relationships.

> **Remember, everyone in the classroom has a story that leads to misbehaviour or defiance. Nine times out of ten, the story won't make you angry. It will break your heart.**
>
> Annette Breaux - Teacher / Author

The six guiding principles of a trauma-informed approach

1 Safety
The physical setting provided is safe and the interpersonal interactions further promote that sense of safety.

2 Trustworthiness & Transparency
The organisation/school's operations & decisions are made based on trust and transparancy. The trust of individuals served is built & consistently maintained.

3 Peer Support
Peer support is a key vehicle for establishing safety, building trust, enhancing collaboration & utilising lived experience to promote recovery & healing

4 Collaboration and Mutuality
The effectiveness of mutual decision-making & sharing of power is harnessed. This concept highlights the role everyone in an organisation/school plays in providing TIC.

5 Empowerment and Choice
A focus on recognising, empowering and building upon the strengths & experiences of trauma-impacted individuals.

6 Cultural, Historical & Gender Issues
The organisation/school makes an effort to move past cultural stereotypes and biases; utilising policies, protocols & processes that respond to racial, ethnic & cultural needs.

TRAUMA SENSITIVE LANGUAGE AND PREVENTING RE-TRAUMATISATION

TRAUMA TRIGGERS

Re-traumatisation is any situation or environment that resembles an individual's trauma literally or symbolically, which then triggers reactions associated with the original trauma. Examples of trauma triggers may be sounds, smells, feelings, places, postures, tones of voice or even emotions. When children have been inadvertently re-traumatised, their brains and bodies are overwhelmed by the traumatic memory and so they're not able to consider the consequences of their behaviour or its effect on others. It's best to view these trigger responses as reflexes as they are not deliberate or planned.

Trauma Sensitive Language

Negative language not only blames children for their trauma but is also internalised by them. We should use language that positively interprets their needs and helps them better connect to safe adults and builds trust and self-esteem.

7 Tips for preventing re-traumatisation

1 Learn as much as you can

Collect data and screen for trauma histories. This will help in the identification of trauma triggers. Children should also be supported in avoiding situations that trigger any traumatic memories - at least until more healing has occured.

2 Look for the causes of behaviours

Seek to understand what the child's behaviours are communicating. What might be viewed as a disrespectful outburst may actually be a coping mechanism. If we're not looking at the behaviour through a trauma lens, our response could cause the child to feel less safe.

3 Use child-centred, strength-based thinking & language

Don't use words that might unintentionally blame children for their past experiences of trauma. Instead of looking at the child as a 'victim', view them as a 'survivor.' Using negative words to describe their behaviour can also lead to harmful labels that might stick with the children.

4 Be consistent and predictable and encourage choice-making opportunities

Consistency and predictability provide feelings of safety for the individual, helping to reduce anxiety. By providing age-appropriate choice-making opportunities, children are given a sense of control & builds confidence.

5 Choose disciplinary measures carefully

Set fair and consistent expectations and always praise desirable behaviours. Be as gentle as possible when reprimanding and choose the least restrictive option where possible. Do not use any form of touch as discipline & avoid power struggles as children with trauma backgrounds are driven to get into power struggles admist feelings of powerlessness.

6 Respond, don't react

Our reactions may escalate a situation so be in control of your own emotions, especially anger which is a normal response but children cannot calm down if we don't do it first. Lower your voice, acknowledge the child's feeling and be patient and reassuring.

7 Debrief

Make time to debrief after any incident. This helps identify patterns and can prevent future crises from reoccuring. It can also help reduce the risk of compassion fatigue and secondary trauma for yourself.

When we say:	They might hear:	So try saying:
Stop crying!	I don't like you when you're upset or are having uncomfortable feelings.	I can see you're upset. It's okay to express your emotions.
I already explained how to do this yesterday.	Why are you so stupid? Everyone else can understand it.	Maybe I can show you another way to do it.
What have you done? What were you thinking?	You're such a hindrance. You make my life so difficult.	Accidents happen. I'll help you with this. Let's fix this together.
You're being disruptive. Do I need to separate you?	You're so irritating to me & everyone around you. I don't like it when you're having fun.	Could you use a break? How can I help you to focus more?
Stop that right now! No stars on the reward chart for you.	You're being impossible. You're not worthy of anything. You peers are better than you.	Get your anger out but let's do it safely. I can handle you, even like this. We'll figure it out a better way next time.

TRAUMA INFORMED STRATEGIES

Having a warm, healthy relationship with an adult can be healing for children who have experienced trauma. Whether you're a parent, teacher, coach, family friend or child welfare professional, a healthy relationship with a trusted adult provides safety and grounding in a world that has been largely unpredictable. Fostering these types of relationships in the classroom can create safety not only for children impacted by trauma but for all students generally.

CREATE SAFETY IN THE CLASSROOM

Relationship

- Talk to students
- Be empathetic
- Connect to parents/carers

Structure

- Be consistent
- Provide lists & visuals
- Notify about changes

Teaching

- Consequences not punishment
- Focus on strengths
- Always empower

MAKE SAFE SPACES

Safe spaces are places where children can go to calm down, be alone, and recharge so they are ready to learn. They are an effective way to help children return to a relaxed state that is optimal for learning. Helpful for all children, they are especially effective for children with high levels of stress or trauma. These children often come to school feeling sad, scared, or angry. Having a safe space allows them to relax enough to learn, which is vital for leveling the playing field.

Cozy Corner

Cozy corners offer a 'calming zone' for children. Play-style tents are ideal as they give children the option of not being seen if they need some privacy. Alternatively, a chair or some cushions with blankets and other soothing items in a private area also works well.

Grounding Box

Create a 'grounding' or sorting box by filling a box with a variety of objects that offer sensory grounding. Examples include shells, fidget spinners, bubble solutions, soft toys.

Classroom based strategies and interventions

Tier 1: Universal Strategies

Morning check-ins: Use a simple feelings chart to check in with students. Follow up as required.

Mindfulness Moments: Schedule for the same time every day or every week. Eg: include yoga, meditation, breathing exercises.

Rhythmic activities & body percussion: These bring the class together and help children focus.

Tier 2: Selective Classroom Strategies

Calming zones: These give children a place to shut off the brain's "fight or flight" response.

Sensory interventions: These can be visual, auditory, touch, movement, taste and smell. Eg include weighted blankets, swinging, playing a musical instrument, painting

Calm down/ Emotions Cards: These help children to identify their emotions and own unique coping strategies.

Tier 3: Targeted Therapy

Individual Counselling: Including the expressive modalities of art, play, music and dance which don't require words.

Support Groups: Incl. group therapy or targeted programs that focus on common referral reasons (anxiety, grief etc.)

Community Referrals: This involves connecting the child and/or their family with specialised external support services.